

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003945

AMENDED

Registration District No.

FILED FEB 7 1962

Primary Registration District No.

1003

Registrar's No.

1032

STATE FILE NUMBER

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

7 da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

De Paul Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY
OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3417 Blair

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

HUGMAN

Last

4. DATE OF DEATH

Month

Day

Year

Jan 23-1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-24-1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plum Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (City and state or country)

Austria

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Hugman

13b. MOTHER'S MAIDEN NAME

Marie Hugman

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mathilda Voight - 2021 - Mallinckrodt

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage;

Cerebral Arteriosclerosis;

Generalized Arteriosclerosis;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

331X F

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus - Fracture frontal base skull

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Patient fell on street walk

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

1- 17-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Near home

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

St. Louis,

STATE

Mo.

21. I attended the deceased from June 23, 1961, to Jan. 23, 1962 and last saw her alive on Jan. 23, 1962

Death occurred at 8:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edw. Koch + Son - 3516 N. 14th

25. DATE REC'D. BY LOCAL REG.

JAN 23 1962

26. REGISTRAR'S SIGNATURE

L. Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eustar W. Diehl

Licensed Embalmer No.

4329

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.